For Office Use Only	\$60

Application for Exemption to Psychology Licensure IC 154B.3(5) and 645—IAC 240.8

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT		Instructions are fo	und on p	age 2
1Last Name	2	st Name and Middle Name		
3				<u>—</u>
4City, State, Zip Code	5	E-Mail Address		
6 7		8 Social Secur	 ity Number*	
9. Male Female 10. If any of your documentation				<u></u> d.
The following questions must be answered. If you answer explanation providing the details of the incident, (2) attach a recommendations, and (3) attach a copy of all official court do disposition and/or settlement. You must answer "Yes" even we your record.	copy of any court order cuments regarding your	ered evaluations, showing conviction/malpractice su	g complet iit, includi	ion and
11. Been convicted, found guilty of or entered a plea of guilty (Other than minor traffic violations with fines under \$500)?	or no contest to a felony	or misdemeanor crime	Yes	No
12. Had any judgments or settlements paid on your behalf as a re	esult of a malpractice suit	or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification registration, or certification authority or organization institute professional practice? (If the investigation or action was institute "NO" to this question).	disciplinary action again	nst you related to your	Yes	No
14. Been disciplined or sanctioned by any licensing, registrarelated to your professional practice? (If this licensing board too to this question).			Yes	No
15. Developed a medical condition which in any way impairs of with reasonable skill and safety? (If you are currently a particle, you may answer "NO" to this question.)			Yes	No
16. Been engaged in illegal or improper use of drugs or other currently a participant in the Impaired Practitioner Review Com			Yes	No
17. Name of College/University:		·		
18. Degree Date (mm/dd/yyyy):				
19. Credentials: Ph.D., Psy.D., Ed.D., Othe	r			
20. Doctoral Program in Psychology : Clinical, Cou	nseling, School,	Combined		

21. Certifications (check all that apply):		
Certificate of Professional Qualification (CPQ) issued by ASPPB on or after 1/1/02		
Credentialed as a Health Service Provider (HSP) by the National Register of HSP/Psychology		
Certificate of certification issued by the American Board of Professional Psychology (ABPP) on or after	1/1/83.	
Other		
None		
22. Supervised professional experience (to be completed if no certifications are listed in #21) From (mm/dd/yyyy)To (mm/dd/yyyy):	-	
Total hours:		
Name of licensed psychologist supervisor(s):		
23. Are you or have you ever been licensed or certified as a psychologist by a Board of Psychology in Iowa or any other jurisdiction?	Yes	No 🗌
If yes, list the two letter postal codes of the state(s) below.		
(Please note: Official verification must be received directly from each state board office to complete your application.)		
and to whom services will be provided:		
From (mm/dd/yyyy)To (mm/dd/yyyy):	-	
I certify that I have carefully read the questions on this application and have answered them completely and tunder penalty of perjury that my answers, and all other statements or information submitted by me in this application and correct. If it is determined at any time that I have provided misleading or false information on or application, I understand that my application may be denied or that I may be subject to disciplinary action and of if I am already licensed.	lication pro r in suppor	ocess, are rt of this
I understand that I am required to update answers or information submitted herewith if the response or the induring the time period the application is pending. I also understand that this application is a public record in ac Code, Chapter 22 and that application information is public information, subject to the exceptions contained in I submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information or in conjunction with this application.	cordance w lowa law. H	vith Iowa Finally in
*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandator result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license applic 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities including Iowa Code § 421.18.	cation is required ion of child	quired by disupport
25.		
Applicant must sign in ink Date		

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APPLICANT CHECKLIST AND INSTRUCTIONS: Print in ink or type. Supporting documents and fees are required for an application to be considered complete. Payment can be made by check or money order payable to the Iowa Board of Psychology Examiners.					
 Non-refundable application fee of \$60. Payment can be made by check or money order, payable to the Iowa Board of Psychology. Written Summary of Intent to Practice - You may use the application or attach a separate sheet. Official Verification of licensure from all state(s) in which you have been licensed or are currently practicing. This must include license number, issue date, expiration date and any pending or past disciplinary action. Verification(s) must be sent from the licensing agency directly to the Iowa board office. Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to 515 281-4287 or karla.hoover@idph.iowa.gov. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. Mail the original completed application bearing signature in ink to: 					
Exemption to Psychology Licensure					
Name	Date Received				
FOR OFFICE USE ONLY					
☐ Approved ☐ Disapproved					
Duration: Beginning Date: End Date:					
Board Signature:	Date:				
Comments:					

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Revised 6/19/13